U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

*Total of

forms are submitted.

PTO/SB/81 (01-09)
Approved for use through 11/30/2011. OMB 0551-0035
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Marcelo Daniel Baru Fassio

10/817.158

April 2, 2004

WITH A NEW POWER OF ATTORNEY	Title	Fully Implantable Nerve Signal Sensing and Samulation Device
AND	Art Unit	3762
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	MANUEL, GEORGE C
CHANGE OF CONNECTION CHIEF	Attorney Docket Nu	mber 39438-401600
I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
Number as my/our attorney(s) or agent(s) to prosecute the a identified above, and to transact all business in the United S and Trademark Office connected therewith:	appoint Practitioner(s) associated with the following Customer as my/our attomey(s) or agent(s) to prosecute the application above, and to transact all business in the United States Patent amark Office connected therewith:	
OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:		
Practitioner(s) Name		Registration Number
	-	
Please recognize or change the correspondence address for the above-identified application to:		
The address associated with the above-mentioned Customer Number. OR		
The address associated with Customer Number: OR	27148	
Firm or Individual Name		
Address		
City	State	Zip
Country		
Telephone	Email	
and the: Applicant/Inventor. OR		
Contained and of G. A.C. also it of the Contained and of the Contained and Contained a		
Signature Signature Date 7 11 79 205		
Name CREMAND RIVADD		Telephone JOU 29 GOT
Title and Company RESON TECHNICITY STORMS BONCS		
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		

Application Number

First Named Inventor

Filing Date

This collection of Information is required by 37 CPR 1.13.1, 1.23 and 1.33. The Information is required to obtain or relata a benefit by the public within the USPTO to procession a perplication. Confidentially is governed by \$5 U.S. C. 122 and 70 CPR 1.11 and 1.14. The scalection is estimated to late 3 rules to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or expensions for reducing this burden, should be sent to the Chief Information Office, IV. 3. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commission for of Parlants, P.O., Box 1450, Alexandria, VA 22313-1450.